



INDIANS ON FEDERAL RESERVATIONS  
IN THE UNITED STATES  
- A DIGEST -

Billings Area	*	Mantana
	*	
	*	Wyoming
	*	

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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## FOREWORD

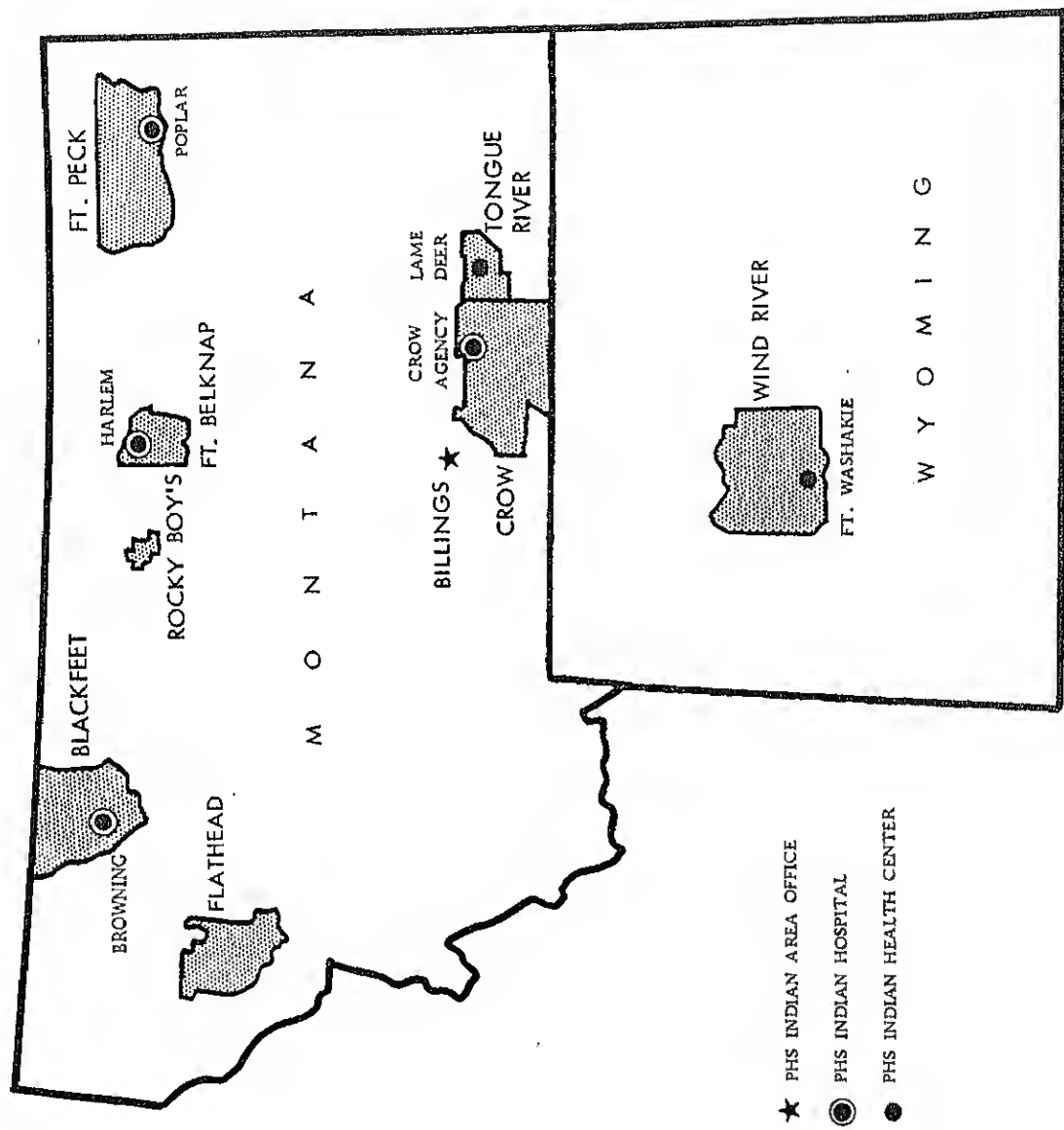
The Division of Indian Health has had a constantly recurring need for general summary information on the various Indian reservation groups which come under its jurisdiction. Moreover, other governmental as well as nongovernmental agencies have had an increasing need for similar information. Unfortunately, no one source has been able to provide, briefly and simply, the variety of facts required.

A series of "Digests" is, therefore, being prepared to present basic information about each Indian reservation group in the various Division of Indian Health Area and Sub-Area jurisdictions. The summaries are not intended as comprehensive studies--rather as fact sheets for quick and ready reference. Since they are aimed primarily to highlight the particular interests of health personnel, they may omit items of more direct concern to persons in other fields of interest. For example, no attempt is made to describe reservation conservation or development projects, business enterprises, educational endeavors, or Federal, State and local public assistance and welfare programs.

The Digests are prepared in the Division's Program Analysis and Special Studies Branch. Mr. John Costley and Mrs. Laura Rosen shared responsibility for searching the wide variety of information sources, selecting the pertinent facts to be used, and developing the general format and final presentation. Special acknowledgement is made of the assistance and helpful suggestions of staff of the Billings Sub-Area Office, under the direction of Dr. Charles McCammon, Medical Officer in Charge.

  
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Assistant Surgeon General  
Chief, Division of Indian Health

# FEDERAL INDIAN RESERVATIONS IN MONTANA AND WYOMING



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## INTRODUCTION AND SUMMARY

Of an estimated total Indian population in the United States of 484,000 in 1956, about 343,000 are potential beneficiaries of the Indian health service program now administered by the Public Health Service in the Department of Health, Education, and Welfare. These 343,000 Indian men, women, and children reside in some 240 Federal Indian reservation areas, principally located in 24 States west of the Mississippi River. In addition, health services are made available to about 37,000 Aleuts, Eskimos, and Indians in Alaska.

Responsibility for the provision of health services for Indians and Alaska Natives was transferred to the Public Health Service from the Bureau of Indian Affairs, Department of the Interior, on July 1, 1955. The Service administers this program through the Division of Indian Health in its Bureau of Medical Services. At the present time, the Division operates 55 hospitals for Indians and Alaska Natives, and provides extensive treatment and preventive services at some 250 other locations in the field.

Other services relating to the economic and social well-being of Indians continue to be administered by the Bureau of Indian Affairs, with which the Division of Indian Health maintains close working relationships. In both agencies, program operations are conducted through a system of Area Offices. (See map, opposite page.) Basically, the Indian Health Area structure conforms with that of the Bureau of Indian Affairs, which evolved with a recognition of the geographic and ethnic distinctions among Indian reservations.

The jurisdiction of each of the Public Health Service Indian Health Areas includes large numbers of Indian people with wide variety in cultural patterns and economic circumstances. Altogether, there are today in the United States several hundred Indian tribes and bands, each with distinguishing characteristics. Sometimes members of a tribe are few in number, clustered together at one location; more often they are scattered over a broad area which may include a number of reservations. Once a vigorous people, totaling about 800,000, the Indian population was sharply reduced by tuberculosis, smallpox, dysentery and other diseases brought by the early white settlers. Today the Indian people are still faced with a burden of disease far in excess of that found in the general population. Most of their illnesses are from preventable diseases which have long been under control in other groups throughout the country.

In developing its program for improving the health of the Indian people, and in recruiting workers for this program, the Public Health Service has had a need for basic facts on the reservation groups which, for health purposes, are under its jurisdiction. This series of Digests of Information from a wide variety of sources has been prepared in an effort to meet this need.

The present publication is comprised of material on Indian reservations in the two States in the Billings Sub-Area of the Portland Area--  
and Wyoming. The series will include a Digest on the reservations in the Indian health jurisdictions.

# PHS INDIAN HEALTH AREA AND SUB-AREA JURISDICTION

(List of offices; 1956 estimated health service population)

ABERDEEN, SOUTH DAKOTA  
PHS Indian Health Area Office  
422½ South Main Street

OKLAHOMA CITY 2, OKLAHOMA  
PHS Indian Health Area Office  
301 Post Office & Court House Bldg.

Bemidji, Minnesota  
PHS Indian Health Bemidji Office  
124 Beltrami Avenue

PHOENIX, ARIZONA  
PHS Indian Health Area Office  
P.O. Box 674 (4110 Na. 16th St.)

ALBUQUERQUE, NEW MEXICO  
PHS Indian Health Area Office  
P.O. Box 1715 (220 3rd St., N.W.)

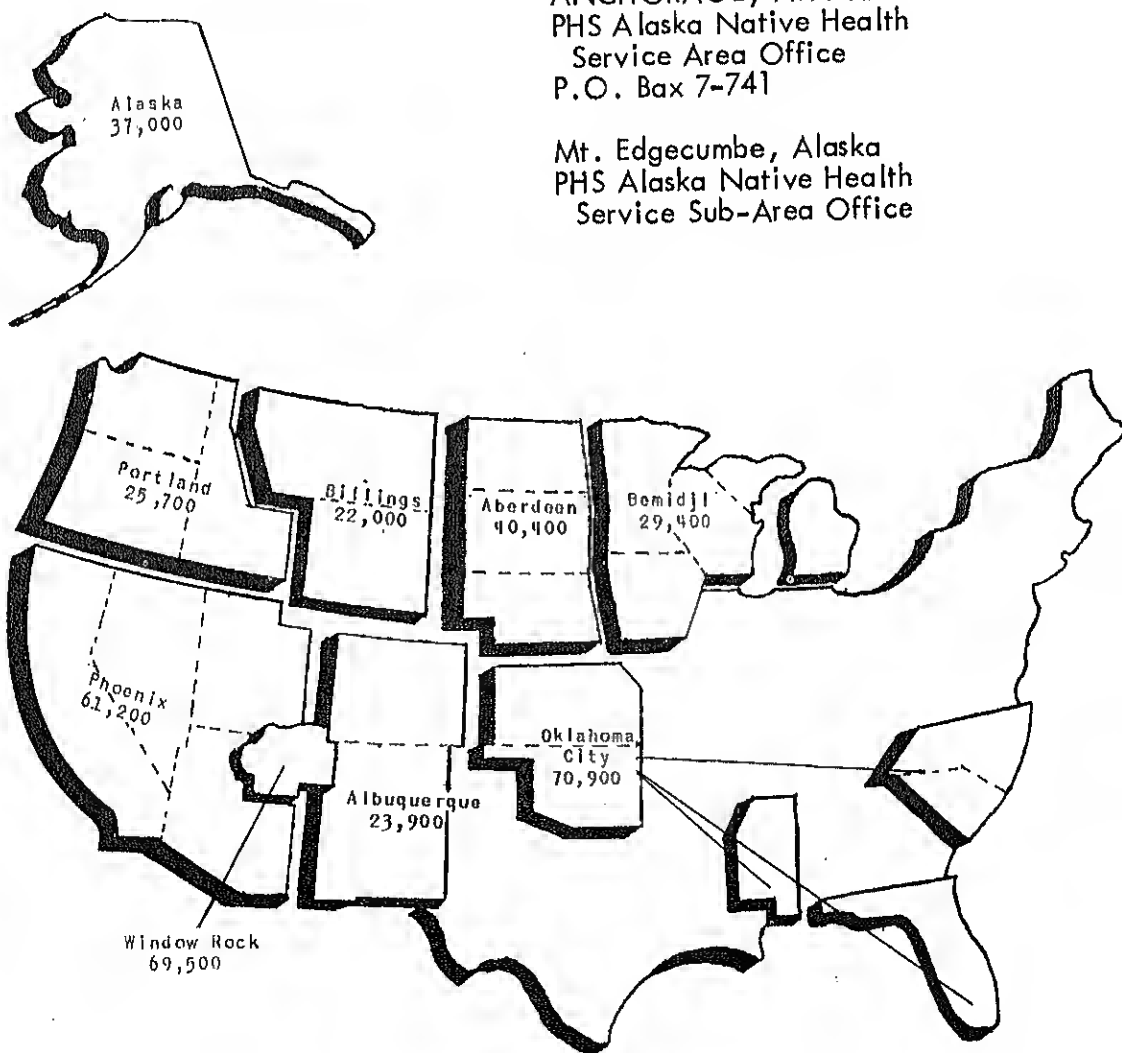
PORTLAND, OREGON  
PHS Indian Health Area Office  
P.O. Box 1729 (208 S.W. 5th St.)

Window Rock, Arizona  
PHS Indian Health Sub-Area Office  
P.O. Box 188

Billings, Montana  
PHS Indian Health Sub-Area Office  
P.O. Box 2143

ANCHORAGE, ALASKA  
PHS Alaska Native Health  
Service Area Office  
P.O. Box 7-741

Mt. Edgecumbe, Alaska  
PHS Alaska Native Health  
Service Sub-Area Office





The Billings Sub-Area, for certain administrative purposes, is a part of the Portland Area of the Division of Indian Health. It includes 7 Indian reservations in the State of Montana and one in Wyoming. Current estimates place the number of beneficiaries of the Indian health program in Montana at about 18,500; the number in Wyoming at more than 3,000.

Most of these Indians are descendants of the hunters of the Northern Great Plains--a nomadic people who followed buffalo, deer, and other game; acquisition of the horse in the late 1700's increased their mobility. The buffalo was the major factor in their economy, providing basic food and the materials for their skin-covered lodges or tepees, clothing, tools and weapons. These people are famous for their dressing and sewing of skins, their painted lodges and robes, their quiltwork and bead embroidery.

Efforts of the white man to gain a foothold in the great territory of the buffalo hunters met with strong resistance from many of the tribes, particularly the Blackfeet. By the late 1800's, however, the overpowering pressure of the white man together with the gradual extermination of the buffalo, resultant starvation and epidemics, brought about the restriction of a once far-ranging people to limited reservation lands. Today, much of the old "Indian territory" has passed into non-Indian hands. What remains is largely open grazing land with some farm and timber land, a great part of which is leased to non-Indians.

In contrast to their former nomadic, game-following existence, many of the present-day Indians in Montana and Wyoming live in log or frame houses and are engaged in farming and stock raising. Some work for wages, on ranches and farms or in industry. Others supplement their incomes by the sale of handicrafts. For Montana Indians, family income is generally below that of other rural families in the State. In Wyoming, oil and gas resources have made the Wind River group among the most favorably situated, economically, of all Indian groups.

English is widely spoken. Practically all school-age children attend public school, with special arrangements for tuition (because of the nontaxable status of Indian land) made between the Bureau of Indian Affairs and local school authorities. The Bureau of Indian Affairs also operates 4 day schools in Montana, as well as a boarding school for children who are orphaned or from indigent or isolated homes.

Generally speaking, the Montana and Wyoming Indian groups have a level of health considerably below that of their non-Indian neighbors, with a relatively high incidence of influenza and pneumonia, tuberculosis, and trachoma. In Montana, general medical and hospital care and preventive health services are provided directly through the Public Health Service Indian Hospitals at Browning, Crow Agency, Harlem, and Poplar, and through the Lama Deer Health Center. In Wyoming, on the Wind River Reservation, a Public Health Service Indian Health Center is maintained at Fort Washakie, and a smaller health station at Arapahoe. In addition, the Public Health Service makes wide use of the services of local private physicians and community hospitals through contract and open-market arrangements. Mental patients are cared for in State institutions on the same basis as all other citizens. Care for tuberculous patients is available

at the Public Health Service Indian Tuberculosis Sanatorium at Tacoma, Washington, or through contract arrangements with the Montana State Tuberculosis Sanatorium at Galen, Montana. Public health services are either directly provided by the Public Health Service or, for some Montana reservations, arranged for by contract with the State Board of Health.

Severe winters, isolation, and generally poor roads hamper travel and hinder communication. Although considerable progress has been made in bringing improved health practices to these Indian groups, a serious backlog of unmet health needs still exists. It is the job of the Public Health Service to reduce this backlog and to bring the health of these people to a level comparable with that of the general population.



## BLACKFEET RESERVATION, MONTANA

**LOCATION:** Northwest Montana, largely in Glacier County but a portion in Pondera County. Adjoins Canadian Blackfoot Reservation to the North and Glacier National Park on the West.  
Principal settlements - Babb, Browning, Cold Feet, and rural districts of Heart Butte, Little Badger, Old Agency and Starr.  
Nearest off-reservation towns in Montana (1950 pop.) - Cut Bank, (pop. 3,721) 35 miles from Browning; Conrad and Choteau, both 65 miles from Browning, population under 2,000.  
BIA Field Office - Blackfoot Agency, Browning, Montana.

**LAND:** Covers 1,197,000 acres. Mostly grazing land - "some of the finest in U.S." - timber and farm land. 50% leased to non-Indians. Gas and oil resources. Watered by 6 large mountain streams, small streams and numerous lakes. Three irrigation projects in operation.

\* \* \* \* \*

**TRIBES:** Blackfoot Confederacy - predominantly Piegiens and some Blackfoot proper.

**POPULATION:** 4,664 estimated in PHS service area in 1956  
7,394 enrolled in Tribe in 1957

**CHARACTERISTICS:** Blood quantum - 35% full blood in 1950; 88% one-fourth or more Indian blood.

Homes - Typical dwelling 2 or 3 room frame or log house; 4 to 5 persons per dwelling unit (median). 1.7 persons per room (median).

Education - Half of adults aged 25 and older had 8 years or more schooling; 95% of persons aged 6 and older read and speak English (1950). 93% of children aged 6-18 in school in 1957.

Average family income - Below that for all rural farm families in the State, but somewhat above the average of all reservation Indian families in Montana. Source - Farming, livestock, timber, wage labor. Many working at the Noxon Dam in Saunders County. Some gas and oil resources.

Tribal income - Amounts from oil and gas leases considerably reduced in recent years. Additional income from land leases and other resources. Used to support tribal activities and enterprises.

\* \* \* \* \*

**INDIAN HEALTH FACILITIES:** Public Health Service Indian Hospital at Browning. In 1957 fiscal year there were -

35 beds available (average for year);

930 admissions and 211 births in hospital;

22.2 average daily inpatient load;

16,294 outpatient services.

PHS Health Stations at Babb and Heart Butte.

## BLACKFEET RESERVATION, MONTANA (continued)

OTHER HEALTH RESOURCES: Hospital care at Federal expense may be authorized at community hospitals, mainly the 56-bed Glacier County Memorial Hospital, Cut Bank; the 213-bed Calumbus Hospital and the 198-bed Montana Deaconess Hospital, both at Great Falls, Montana. Great Falls is 125 miles from Browning.

\* \* \* \* \*

HEALTH STATUS: Infant death rate about  $2\frac{1}{2}$  times that of infant death rate for entire U.S. population, with pneumonia major cause. A reported high incidence of hepatitis and tuberculosis.

OTHER: Severe winters. Although highways run across reservation from East to West, roads into remote sections of reservation are poor.

\* \* \* \* \*

FIELD NOTES AND OBSERVATIONS:

## CROW RESERVATION, MONTANA

### THE RESERVATION

**LOCATION:** South central Montana in Big Horn and Yellowstone Counties.  
Adjoins Tongue River Reservation on East.  
Principal settlements - Crow Agency, Lodge Grass, Pryor,  
St. Xavier and Wyola - all under 550 population (1950).  
Nearest off-reservation towns in Montana (1950 pop.) - Billings,  
(pop. 31,834) 65 miles from Crow Agency; Hordin, (pop. 2,306)  
15 miles away.  
BIA Field Office - Crow Agency, Crow Agency, Montana.

**LAND:** Covers 2,010,000 acres. Primarily open grazing land, 80% of  
which is leased to non-Indians. Non-Indian land holdings  
checkerboard reservation.

\* \* \* \* \*

**TRIBES:** Predominantly Crow.

**POPULATION:** 3,120 estimated in PHS service area in 1956  
3,702 enrolled in Tribe in 1957

### THE PEOPLE

**CHARACTERISTICS:** Blood quantum - 68% full blood in 1950; 93%  
one-fourth or more Indian blood.  
Homes - Typical dwelling 2 or 3 room wooden house; 5.3 persons  
per dwelling unit (median). 1.9 persons per room (median).  
Education - Half of adults aged 25 or older had 8 years or more  
schooling; 97% of persons aged 6 and older read and speak  
English (1950). 95% of children aged 6-18 in school in 1957.  
Average family income - Somewhat below that for all rural farm  
families in Montana, but much higher than the average for all  
reservation Indian families in the State. Source - Livestock,  
grazing and farm land leases, oil and gas leases, wage labor.  
Tribal income - Principally from oil and gas leases and bonuses;  
some also from land leases.

\* \* \* \* \*

### HEALTH RESOURCES

**INDIAN HEALTH FACILITIES:** Public Health Service Indian Hospital at  
Crow Agency. This hospital also used by Tongue River Reservation  
Indians. In 1957 fiscal year there were -  
36 beds available (average for year);  
861 admissions and 148 births in hospital;  
17.5 average daily inpatient load;  
10,125 outpatient services.

## CROW RESERVATION (continued)

OTHER HEALTH RESOURCES: Preventive health services for the Indian population at Crow Reservation provided through PHS contract with Montana State Board of Health, District #1. Special emphasis on certain activities such as TB control, maternal and child health, and environmental sanitation. Hospital care at Federal expense may be authorized at community hospitals, mainly the 150-bed Billings Deaconess Hospital, and 190-bed St. Vincent's Hospital, both at Billings.

\* \* \* \* \*

HEALTH STATUS: Excessive pneumonia, trachoma and otitis media. An unusual number of persons with hearing difficulties.

### SPECIAL PROBLEMS

OTHER: 16% of families on this reservation obtained water from river or irrigation ditch, and 9% hauled water from a distant pump or hydrant by carrying it in drums or barrels (1955).

\* \* \* \* \*

FIELD NOTES AND OBSERVATIONS:

## FLATHEAD RESERVATION, MONTANA

### THE RESERVATION

**LOCATION:** Northwest Montana in Lake, Sanders and small portions of Flathead and Missoula Counties. Includes lower end of Flathead Lake and extends southward below Jocko River.

Principal settlements (1950 pop.) - Dixon (pop. 350); Hot Springs (pop. 733); Polson (pop. 2,280); Ronan (pop. 1,251); St. Ignatius (pop. 781).

Nearest off-reservation towns in Montana (1950 pop.) - Kalispell, (pop. 9,737) 85 miles from Dixon; Missoula, (pop. 22,485) 45 miles. BIA Field Office - Flathead Agency, Dixon, Montana.

**LAND:** Covers 644,000 acres. Half forest and woodland, remainder open grazing and farm land. 66% leased to non-Indians. Non-Indian land holdings checkerboard reservation. Watered by numerous streams and lakes. Two irrigation projects in operation.

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**TRIBES:** Predominantly Flathead, some Kootenai.

**POPULATION:** 2,623 estimated in PHS service area in 1956  
4,406 enrolled tribal members in 1957

**CHARACTERISTICS:** Blood quantum - 12% full blood in 1950; 64% one-fourth or more Indian blood.

Homes - Typical dwelling 3 room frame house. 3.8 persons per dwelling unit (median). 1.0 persons per room (median).

Education - Schooling not known but 94% of persons aged 6 and older read and speak English (1950). 89% of children aged 6-18 in school in 1957.

Average family income - Below that of all rural farm families of the State but above average for all reservation Indian families in Montana. Source - Land leases, wage labor, farming, livestock, timbering, trapping, arts and crafts.

Tribal income - Substantial amounts from timber sales, sawmill, power site, gravel and other leases. Used to support tribal activities and enterprises. Per capita payments at regular intervals supplement family incomes.

\* \* \* \* \*

**INDIAN HEALTH FACILITIES:** Public Health Service Indian Health Station, Dixon.

### HEALTH RESOURCES

**OTHER HEALTH RESOURCES:** Preventive health services for the Indian population at Flathead Reservation provided through PHS contract with Montana State Board of Health, District #2. Special emphasis on certain activities such as TB control, maternal and child health, and environmental sanitation.



FLATHEAD RESERVATION, MONTANA (continued)

Medical care by private physicians at St. Ignatius, Ronan, Palsan, and Hot Springs may be authorized at Federal expense. (Patient selects his own physician in these communities.)

Hospital care at Federal expense may be authorized at community hospitals, mainly the 19-bed Sanders County General Hospital, Hot Springs; the 225-bed St. Patrick's Hospital, Missoula; the 30-bed Hotel Dieu Hospital, Palson; 50-bed Holy Family Hospital, St. Ignatius; and the St. Luke's Hospital, Ronan.

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HEALTH STATUS: Leading causes of death, 1954-56 were accidents and diseases of heart.

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FIELD NOTES AND OBSERVATIONS:

## FORT BELKNAP RESERVATION, MONTANA

### THE RESERVATION

**LOCATION:** North Central Montana, mostly in Blaine County with a portion in Phillips County. Northern border is Milk River, Southern border the Lewis and Clark National Forest.  
Principal settlements (1956, number of established family units) - Hays (92); Lodge Pole (54) and Milk River (88).  
Nearest off-reservation towns in Montana (1950 pop.) - Chinook, (pop. 2,307) 25 miles from Fort Belknap; Harlem (pop. 1,107) 4 miles away; Havre (pop. 8,086) 54 miles away; Malta (pop. 2,095) 51 miles from Fort Belknap.  
BIA Field Office - Fort Belknap Consol. Agency, near Harlem, Montana

**LAND:** Covers 664,000 acres. Mostly open grazing land, but some crop and timber land. Two-thirds leased to non-Indians.

\* \* \* \* \*

**TRIBES:** Predominantly Gros Ventres and Assiniboines.

**POPULATION:** 2,303 estimated in PHS service area in 1956  
2,560 enrolled tribal members in 1957

**CHARACTERISTICS:** Blood quantum - 47% full blood in 1950; 96% one-fourth or more Indian blood.

Homes - Typical dwelling 2 room log house. 4.4 persons per dwelling unit (median). 1.9 persons per room (median).

Education - 93% of persons aged 6 and older read and speak English (1950). 99% of children aged 6-18 at Fort Belknap Consolidated Agency, including Rocky Bay's, in school in 1957.

Average family income - Substantially below that for all rural farm families in Montana and considerably below average for all reservation Indian families in the State. Source - Leases (land), farming, cattle, wage labor.

Tribal income - Principally from grazing permits and rock and gravel sales. Some from tribal enterprises and oil and gas prospecting permits.

\* \* \* \* \*

**INDIAN HEALTH FACILITIES:** Public Health Service Indian Hospital at Harlem. In 1957 fiscal year there were -

37 beds available (average for year);  
779 admissions and 124 births in hospital;  
13.2 average daily inpatient load;  
7,933 outpatient services.

Public Health Service Indian Health Station at Hays.

### HEALTH RESOURCES

**OTHER HEALTH RESOURCES:** Hospital care may be authorized at Federal expense at community hospitals, mainly the 60-bed Kennedy Deaconess Hospital and at 120-bed Sacred Heart Hospital, both at Havre; also

FORT BELKNAP RESERVATION, MONTANA (continued)

at 198-bed Columbus Hospital and 213-bed Montana Deaconess Hospital, both at Great Falls. Great Falls is 168 miles from Fort Belknap.

\* \* \* \* \*

SPECIAL  
PROBLEMS

HEALTH STATUS: Data for Fort Belknap Reservation combined with those for Rocky Boy's Reservation. Leading causes of death 1954-56, were diseases of heart, malignant neoplasms, accidents, influenza and pneumonia.

OTHER: Severe winter weather. Poor roads hamper travel from North to South.

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FIELD NOTES AND OBSERVATIONS:

## FORT PECK RESERVATION, MONTANA

### THE RESERVATION

**LOCATION:** Northeast Montana, in Roosevelt and Volley Counties, and portions of Daniels and Sheridan Counties. Missouri River forms southern boundary.

Principal settlements (1950 pop.) - Brockton (pop. 350); Wolf Point (pop. 2,557); Poplar (pop. 1,169).

Nearest off-reservation towns in Montana (1950 pop.) - Fort Peck, (pop. 1,214) and Glasgow (pop. 3,821) both 75 miles from Poplar; Reserve (pop. 200).

BIA Field Office - Fort Peck Agency, Poplar, Montana.

**LAND:** Covers 1,270,000 acres of grazing land, farm and timber land. 80% leased to non-Indians for coal, oil and gas development and for farming. Non-Indian land holdings checkerboard reservation.

\* \* \* \* \*

**TRIBES:** Predominantly Sioux and Assiniboines.

**POPULATION:** 2,940 estimated in PHS service area in 1956  
3,881 enrolled tribal members in 1957

**CHARACTERISTICS:** Blood quantum - 41% full blood in 1950; 87% one-fourth or more Indian blood.

Homes - Typical dwelling 2 or 3 room log or frame house. 4.8 persons per dwelling unit (median). 1.8 persons per room (median).

Education - 95% of persons aged 6 and older read and speak English (1950). 96% of children aged 6-18 in school in 1957.

Average family income - Considerably below that for all rural farm families in the State but close to the average for reservation Indian families in Montana. Source - Leases (land, oil, gas), farming, livestock, timber, wage labor.

Tribal income - Principally from oil and gas bonuses and royalties, lease of grazing and farm land.

\* \* \* \* \*

### INDIAN HEALTH FACILITIES:

Poplar. In 1957 fiscal year  
27 beds available  
752 admissions on  
14.8 average daily  
12,635 outpatient services

### OTHER HEALTH RESOURCES:

1 authorized out community health  
Deaconess Hospital, Glasgow  
and 190-bed St. Vincent

### THE PEOPLE

### HEALTH RESOURCES

FORT PECK RESERVATION, MONTANA (continued)

HEALTH STATUS: A reported high incidence of pneumonia, tuberculosis, and trachoma.

SPECIAL  
PROBLEMS

OTHER: Severe winters. For many years income from the sale of land at this reservation was distributed to families in the form of per capita payments. This practice has ceased, but oil and gas resources are being developed.

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FIELD NOTES AND OBSERVATIONS:

## ROCKY BOY'S RESERVATION, MONTANA

### THE RESERVATION

**LOCATION:** North Central Montana, mostly in Hill and Chouteau Counties.  
Principal settlements (1950 pop.) - Laredo (pop. 32); Rocky Boy (pop. 50); Parker and Sangrey.  
Nearest off-reservation towns in Montana (1950 pop.) - Box Elder (pop. 284) 11 miles from Rocky Boy; Hovre (pop. 8,086) 22 miles away; Harlem (pop. 1,107) is 80 miles from Rocky Boy.  
BIA Field Office - Fort Belknap Consol. Agency, near Harlem, Montana.

**LAND:** Covers 105,470 acres of which 58,000 are on reservation and 47,000 are allotted adjacent thereto. Rough mountainous country. Some grazing land. 50% leased to non-Indians.

\* \* \* \* \*

**TRIBES:** Predominantly Chippewa-Cree.

**POPULATION:** 1,270 estimated in PHS service area in 1956  
1,396 enrolled tribal members in 1957

### THE PEOPLE

**CHARACTERISTICS:** Blood quantum - 29% full blood in 1950; 91% are - half or more Indian blood.  
Homes - Typical dwelling 2 room log or frame house. 5.4 persons per dwelling unit (median). 2.3 persons per room (median).  
Education - Schooling not known, but 83% of persons aged 6 and older speak and read English (1950). (See Fort Belknap Reservation.)  
BIA Day Schools maintained at Parker Canyon, Rocky Boy's Community and Sangrey.  
Average family income - Considerably below that for all rural farm families in Montana but close to the average for all reservation Indian families in the State. Source - Grazing land leases, cattle, hay and grain, timber and wage labor.  
Tribal income - Principally from grazing and farm land leases; additional amounts from timbering and a small coal mine.

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### HEALTH RESOURCES

**INDIAN HEALTH FACILITIES:** Public Health Service Indian Health Station at Rocky Boy includes part-time dental care. Patients who require hospitalization referred to PHS Indian Hospital, near Harlem, 80 miles from Rocky Boy.

ROCKY BOY'S RESERVATION, MONTANA (continued)

OTHER HEALTH RESOURCES: Hospital care may be authorized at Federal expense at community hospitals, mainly the 60-bed Kennedy Deaconess Hospital, and the 120-bed Sacred Heart Hospital, both at Havre.

\* \* \* \* \*

SPECIAL  
PROBLEMS

HEALTH STATUS: Data for Rocky Boy's Reservation combined with those for Fort Belknap Reservation. Leading causes of death for these reservations, 1954-56, were diseases of heart, malignant neoplasms, accidents, influenza and pneumonia.

OTHER: Severe winters. Inadequate roads. Low standard of living. Many homes can only be called shacks or havel. Better homes are the rehabilitation houses which have been built on a limited number of assignments.

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FIELD NOTES AND OBSERVATIONS:

## TONGUE RIVER (NORTHERN CHEYENNE) RESERVATION, MONTANA

### THE RESERVATION

**LOCATION:** Southeast Montana in Rosebud and Bighorn Counties, between Crow Reservation and Custer National Forest.  
Principal settlements (1950 pop.) - Ashland (pop. 150); Birney (pop. 35); Busby (pop. 20); Lame Deer (pop. 400).  
Nearest off-reservation towns (1950 pop.) - Hordin, Montana (pop. 2,306) 60 miles from Lame Deer; Sheridan, Wyoming (pop. 11,500) 70 miles from Lame Deer.  
BIA Field Office - Northern Cheyenne Agency, Lame Deer, Montana.

**LAND:** Covers 445,000 acres. Two-thirds is open grazing land with timber; remainder is farm and waste land. Over 50% leased to non-Indians. Oil, gas and coal resources.

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**TRIBES:** Predominantly Northern Cheyenne.

**POPULATION:** 1,775 in PHS service area in 1956  
2,165 enrolled in Tribe in 1957

### THE PEOPLE

**CHARACTERISTICS:** Blood quantum - 77% full blood in 1950; 89% one-fourth or more Indian blood.  
Homes - Typical dwelling 1 or 2 room log house. 4.7 persons per dwelling unit (median). 2.6 persons per room (median).  
Education - Schooling not known, but 91% of persons aged 6 and older read and speak English (1950). 97% of children aged 6-18 in school in 1957. BIA Boarding School maintained at Tongue River. BIA Day School at Birney.  
Average family income - Substantially below that for all rural farm families in the State. Probably the lowest income group among Indians in Montana. Source - Grazing land and farm land leases. Seasonal wage labor.  
Tribal income - Principally from the lease of grazing lands.

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### HEALTH RESOURCES

**INDIAN HEALTH FACILITIES:** Public Health Service Indian health program for Tongue River Reservation, combined with that for Crow Reservation, provides preventive and general medical services at the PHS Indian Health Center at Lame Deer and at the PHS Indian Health Station at Birney. Patients are hospitalized at the PHS Indian Hospital at Crow Agency, 44 miles from Lame Deer.



## TONGUE RIVER RESERVATION (continued)

OTHER HEALTH RESOURCES: Preventive health services for the Indian population of Tongue River Reservation provided through PHS contract with Montana State Board of Health, District #1. Special emphasis on certain activities such as TB control, maternal and child health, and environmental sanitation. Hospital care at Federal expense may be authorized at community hospitals, mainly the 150-bed Billings Deaconess Hospital and the 190-bed St. Vincent Hospital, both at Billings. Billings is 106 miles from Lame Deer.

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HEALTH STATUS: High incidence of pneumonio, trachoma and tuberculosis 1953-1955. Infant death rate at Tongue River is generally higher than that for all Indians and greatly exceeds that for all races in Montana.

SPECIAL  
PROBLEMS

OTHER: Severe winters, mountainous terrain and lack of roads in southern part of reservation hinder communication. Housing crowded. Income low.

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FIELD NOTES AND OBSERVATIONS:

## WIND RIVER RESERVATION, WYOMING

### THE RESERVATION

**LOCATION:** West Central Wyoming in Fremont and Hot Springs Counties. National Forests on boundaries to West, North and South. Eastern boundary formed by Bighorn River. Reservation bisected by the Wind River.

Principal settlements (1950 pop.) - Arapahoe (pop. 75); Ethete (pop. 200); Fort Washakie (pop. 150).

Nearest off-reservation towns in Wyoming (1950 pop.) - Lander (pop. 3,349) 16 miles from Fort Washakie; Riverton, (pop. 4,142) about 40 miles away; Shoshoni, (pop. 891) 55 miles away;

Thermopolis (pop. 2,870) 88 miles from Fort Washakie.

BIA Field Office - Wind River Agency, Fort Washakie, Wyoming.

**LAND:** Covers 2,170,000 acres. Mostly open grazing, timber and farm land. More than 50% leased to non-Indians. Wind River irrigation projects to continue to expand. Gas and oil resources.

\* \* \* \* \*

**TRIBES:** Predominantly Arapaho and Shoshone.

**POPULATION:** 3,263 estimated in PHS service area in 1956  
1,682 Shoshone and 2,102 Arapahoe enrolled in  
Tribes, 1957

**CHARACTERISTICS:** Blood quantum - 64% full blood in 1950; 93% one-fourth or more Indian blood.

Homes - Typical dwelling 2 room log or frame house. 4.9 persons per dwelling unit (median). 2.2 persons per room (median).

Education - Half of adults 25 years of age and over had 8 years or more schooling; 94% of persons aged 6 and older read and speak English (1950). 83% of children aged 6-18 in school in 1957.

Average family income - Probably equal to or slightly above the average income of all rural farm families of Montana and Wyoming. One of the better economically situated Indian groups. Source -

Leases (grazing, farm, oil, gas), arts and crafts, wage labor.

Tribal income - Principally from oil and gas leases and royalties.

Additional amounts from grazing and farm land leases, timber sales, a tribal cattle enterprise. A major asset is money obtained from sale of land site for Boysen Dam. Per capita payments at regular intervals supplement family income.

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**INDIAN HEALTH FACILITIES:** Public Health Service Indian Health Center at Fort Washakie. PHS Indian Health Station at Arapahoe.

### THE PEOPLE

### HEALTH RESOURCES

WIND RIVER RESERVATION, WYOMING (continued)

OTHER HEALTH RESOURCES: Hospital care at Federal expense may be authorized at community hospitals, mainly the 174-bed Memorial Hospital of Natrona County, Casper; the 25-bed Bishop Randall Hospital, Lander; the 25-bed Fremont County Hospital, Riverton; and the Memorial Hospital of Hot Springs County, Thermopolis.

Medical services in the hospital are available from any physician in Lander, Riverton, or Thermopolis, and clinic services on the reservation are provided by staff of the Lander Medical Clinic, Lander and the Wind River Medical Group, Riverton.

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HEALTH STATUS: Infant death rate at Wind River about 3 times that of infant death rate for total U.S. population. Pneumonia major cause of infant deaths.

OTHER: Severe winter weather. Poor domestic water supplies.

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FIELD NOTES AND OBSERVATIONS:

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